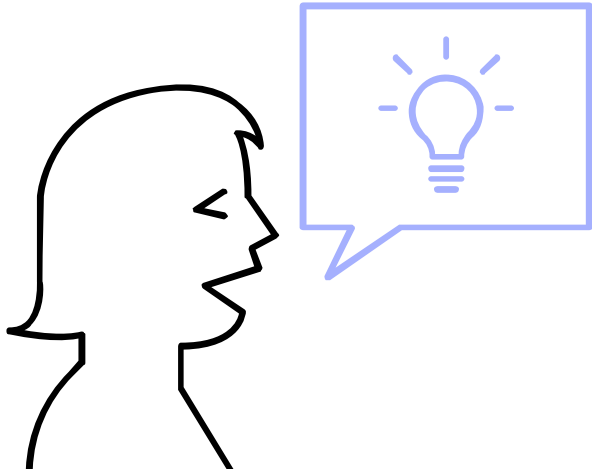


communicating a culture of health for graduate assistants at the university of florida

morgan papworth, ms, ches, nasm-cpt
papwom@shands.ufl.edu

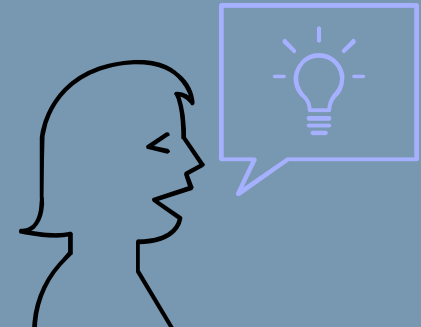
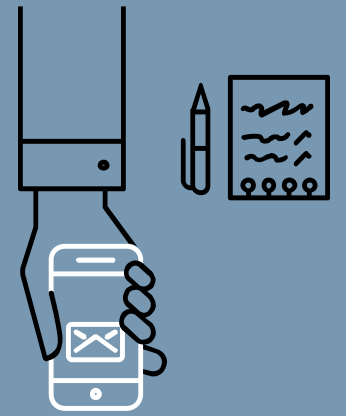


objectives

describe the unique needs of a student population on a university sponsored health plan

describe the importance of working with stakeholders to drive results

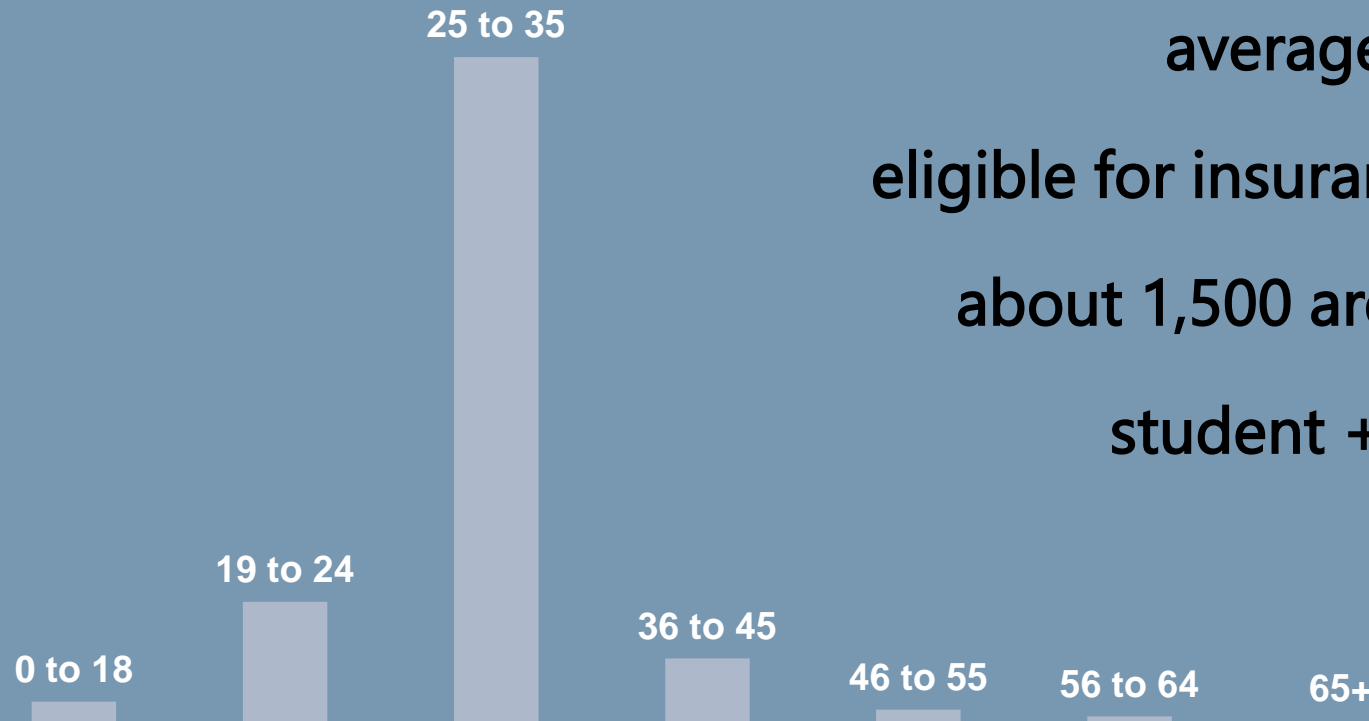
build an effective communication plan based on needs assessment data



who are the graduate assistants?

demographics | unique characteristics

3,500 STUDENTS



average age: 29.1 years

eligible for insurance, often for the first time

about 1,500 are international students

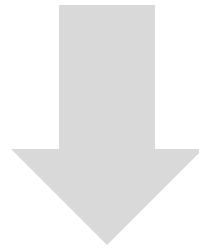
student + employee hybrid

young

first exposure to health insurance

english is often a second language

new to american health care system



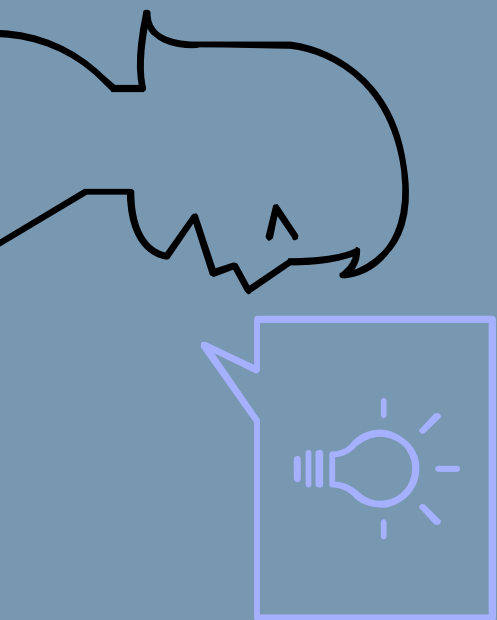
low health literacy

low health insurance literacy



certain population groups are more likely to experience limited health literacy

these include racial/ethnic groups other than whites, recent refugees and immigrants, and non-native speakers of english¹



3/4

americans aged
22 to 64 believe
they know how to
use health
insurance²



yet

1/5

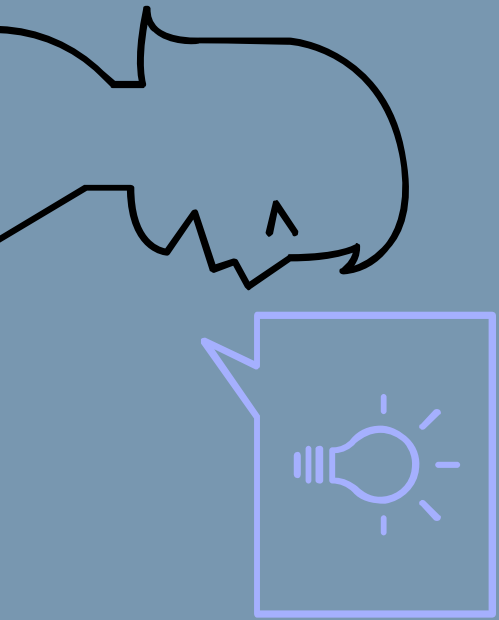
could correctly
answer how much
they owed for a
routine doctor
visit²



“

*generally, younger people,
those who use fewer healthcare
services, minorities, people with
lower incomes and those with
less education have more
difficulties navigating the health
care system?*

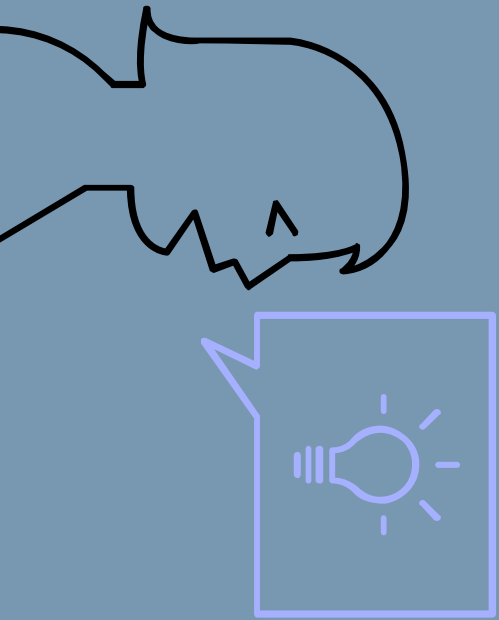
”



to further complicate things

first introduced to their
insurance at orientation

some have dual coverage



student + employee

lots of resources for students, lots of resources for employees

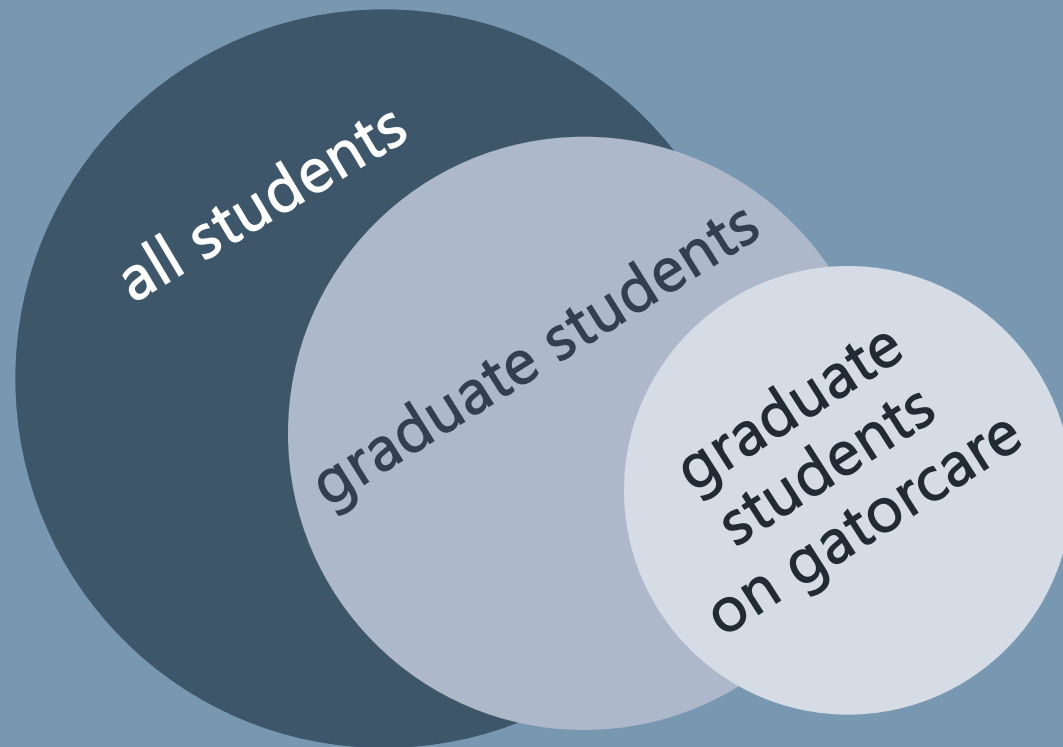
confusion about what is available to them

rigorous programs = high stress

transient population



student + employee

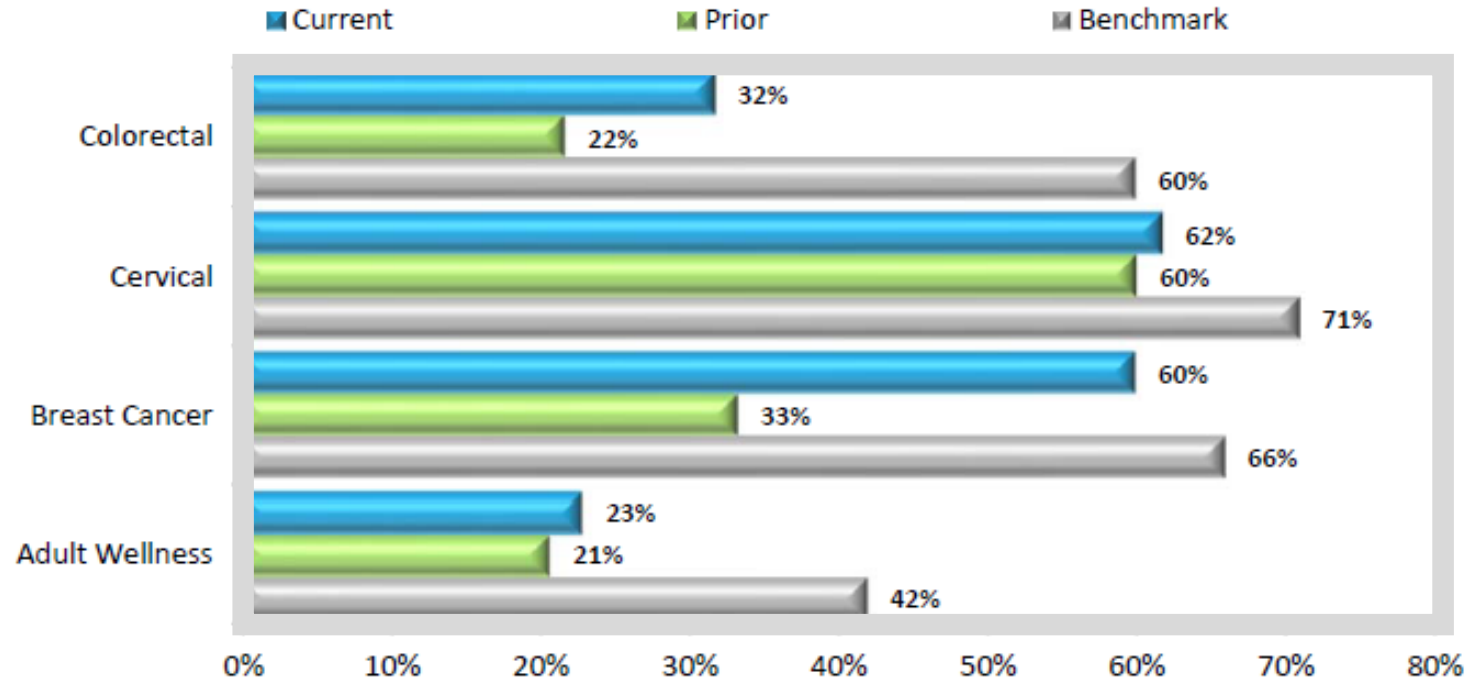


what does the health of this population look like?

claims data | screening data | national data

claims data³

preventive screenings



claims data

emergency department

ER Summary by Paid

Category	Current	Prior	% Chg
Total ER Spend	\$406,228	\$401,917	1.1%
Non-Divertible Spend	\$251,485	\$287,142	-12.4%
Divertible Spend	\$154,743	\$114,774	34.8%
Divertible Members %	32.6%	30.3%	7.6%
Divertible Visits %	32.8%	29.5%	10.9%
Divertible Spend %	38.1%	28.6%	33.4%

Top 10 Divertible Emergency Room Diagnoses by Visits

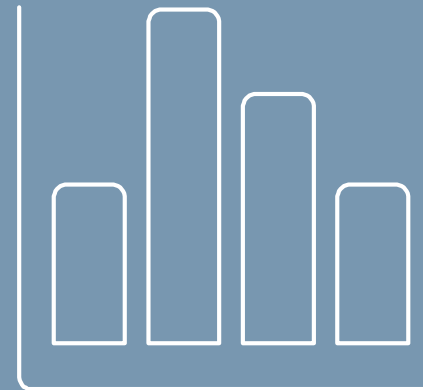
Category

R51 - HEADACHE
H66 - SUPPURATIVE AND UNSPECIFIED OTITIS MEDIA
R11 - NAUSEA AND VOMITING
M54 - DORSALGIA
N39 - OTHER DISORDERS OF URINARY SYSTEM
J06 - ACUTE UPPER RESPIRATORY INFECTIONS OF MULTIPLE AND UNSPECIFIED SITES
L02 - CUTANEOUS ABSCESS, FURUNCLE AND CARBUNCLE
R56 - CONVULSIONS, NOT ELSEWHERE CLASSIFIED
N30 - CYSTITIS
R19 - OTHER SYMPTOMS AND SIGNS INVOLVING THE DIGESTIVE SYSTEM AND ABDOMEN

key findings

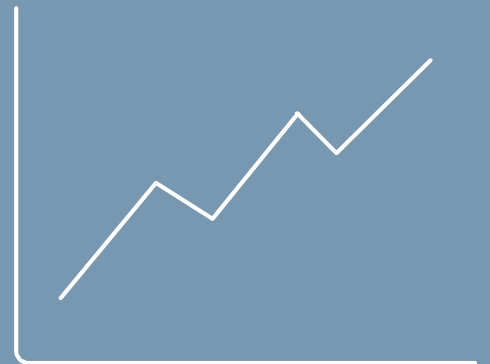
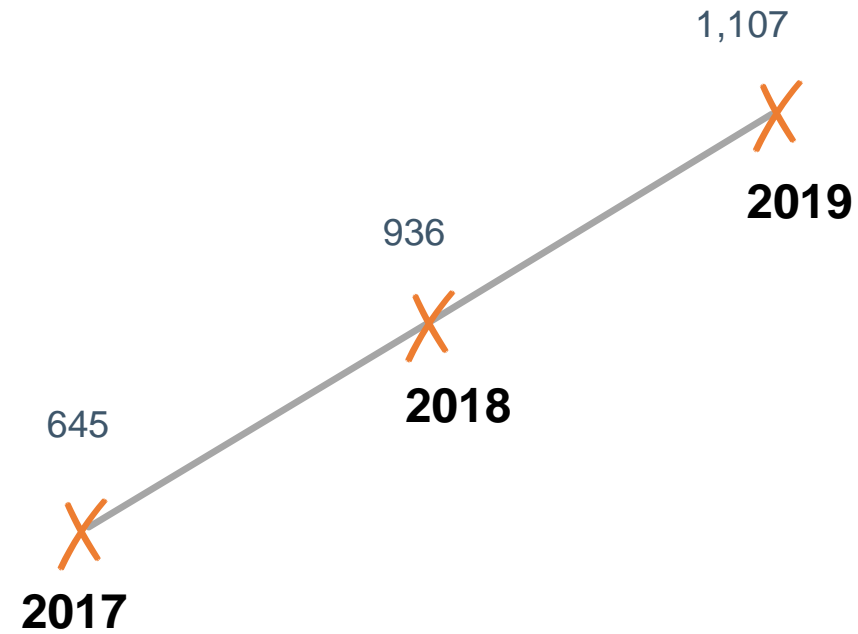
preventive screenings remain below benchmark

ED use for divertible diagnoses is an area of opportunity

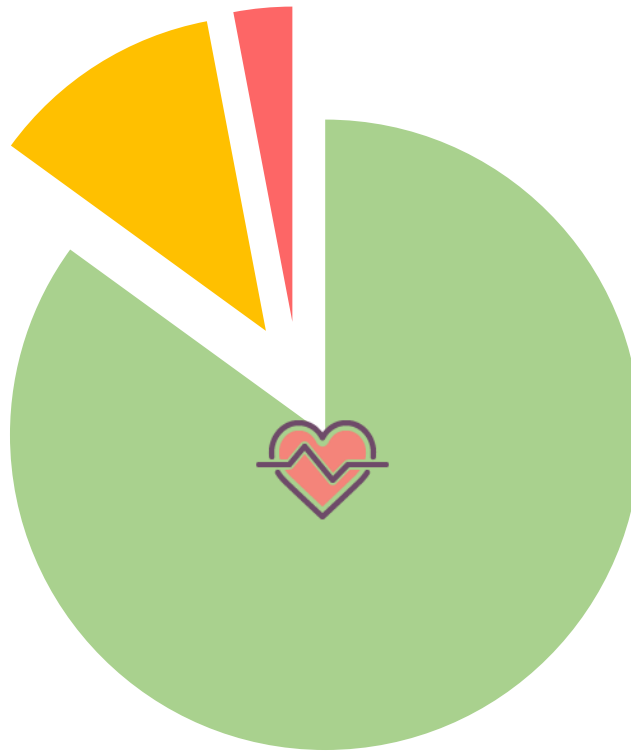


screening data⁴

participation



screening data



■ low risk ■ medium risk ■ high risk

screening data

risk factors



nutrition



obesity



fitness



screening data

preventive screenings

wellness exam

65
%



pap smear

63
%



dental exam

52
%



flu shot

42
%



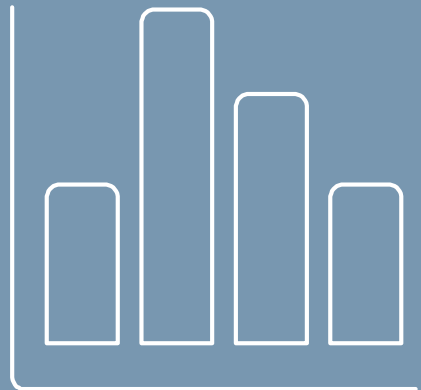
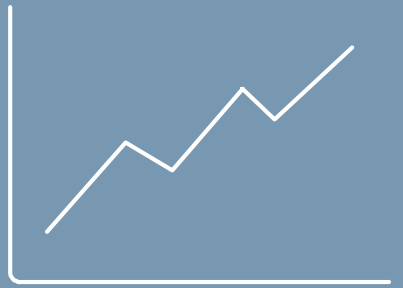
key findings

few critical values, overall low risk

top questions at the events were related to benefits

preventive screenings were low

interest continues to grow

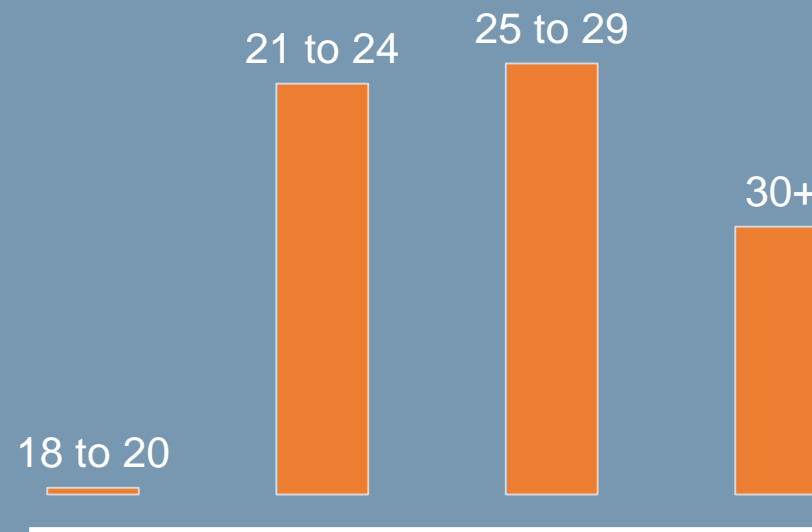


national college health assessment⁵

graduate students

86.9
%

Reported their
health as good,
very good or
excellent



24.4
%

are considered
international
students

national college health assessment

preventive screenings

routine
gynecological

61
%



dental exam

65
%



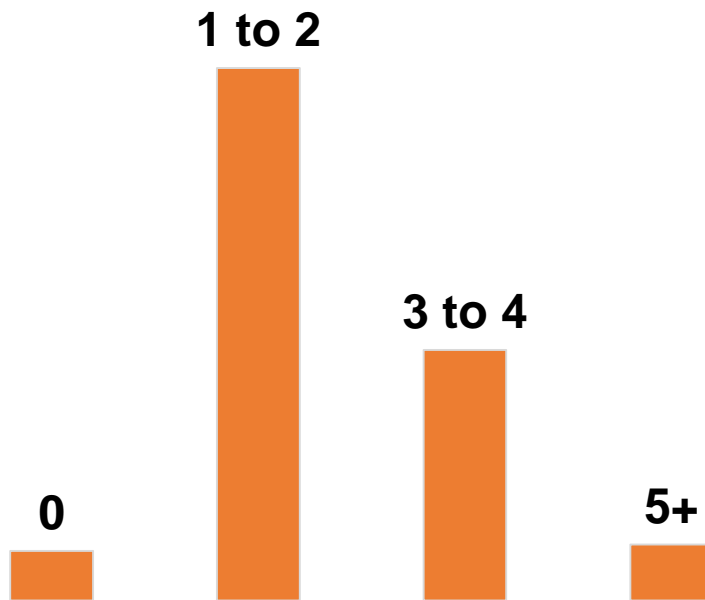
flu shot

61
%



national college health assessment

nutrition
servings of fruit & veg

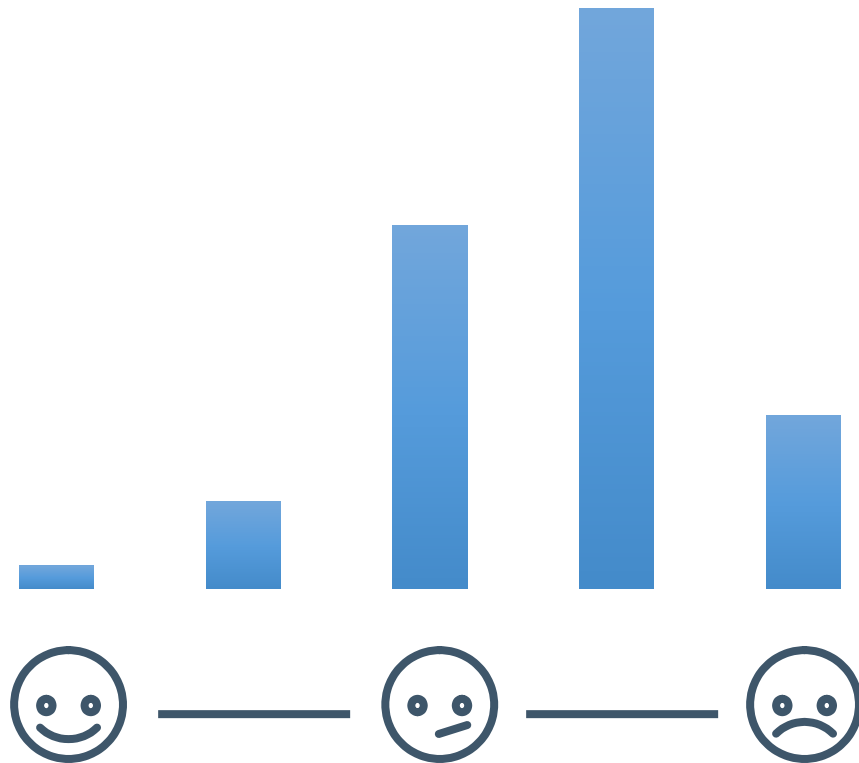


activity
guidelines met

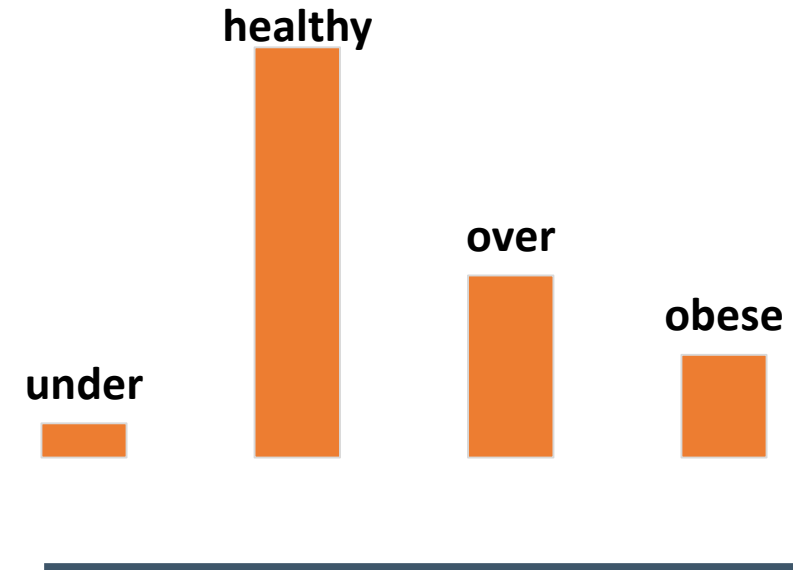


national college health assessment

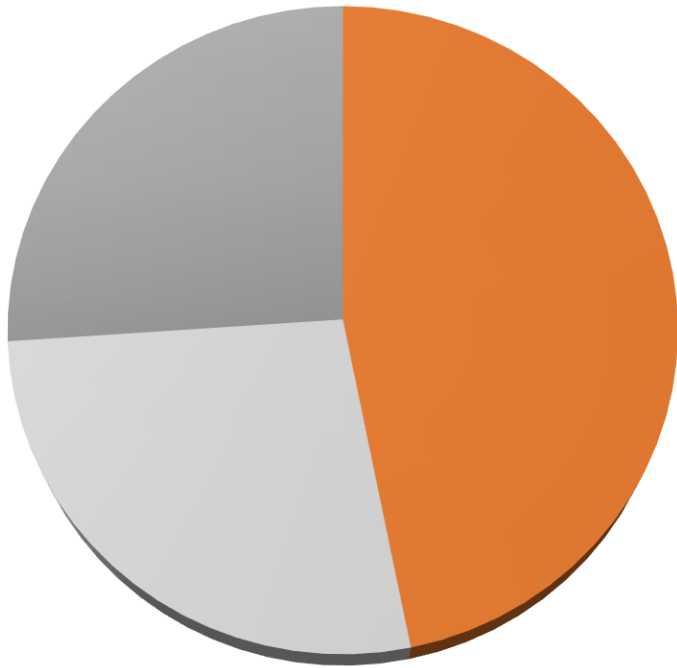
stress levels



bmi



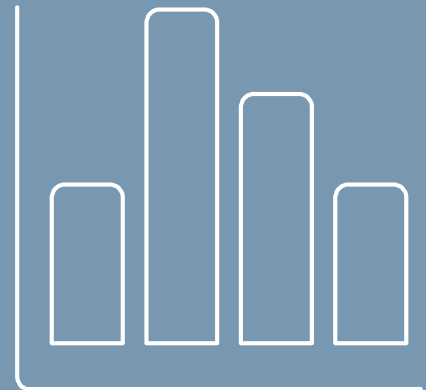
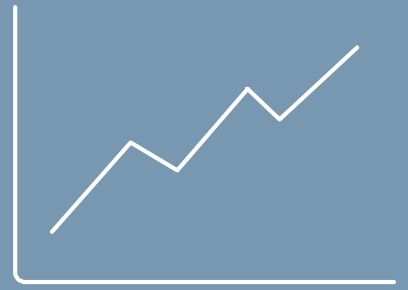
national college health assessment



47%
on a university
sponsored
health plan

key findings

**most universities have a
similar population with
similar needs**

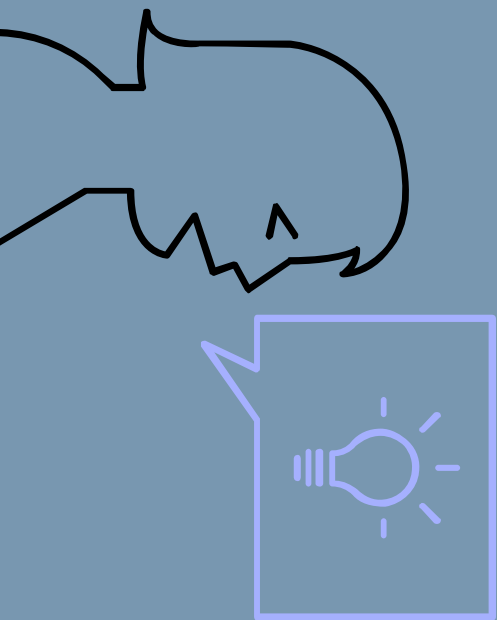


what do we do?

traditional
wellness
programs don't
work for a
transient
population

high costs come
from lack of
understanding of
how to use
benefits

increase
awareness of how
to use their health
benefits & the
resources
available

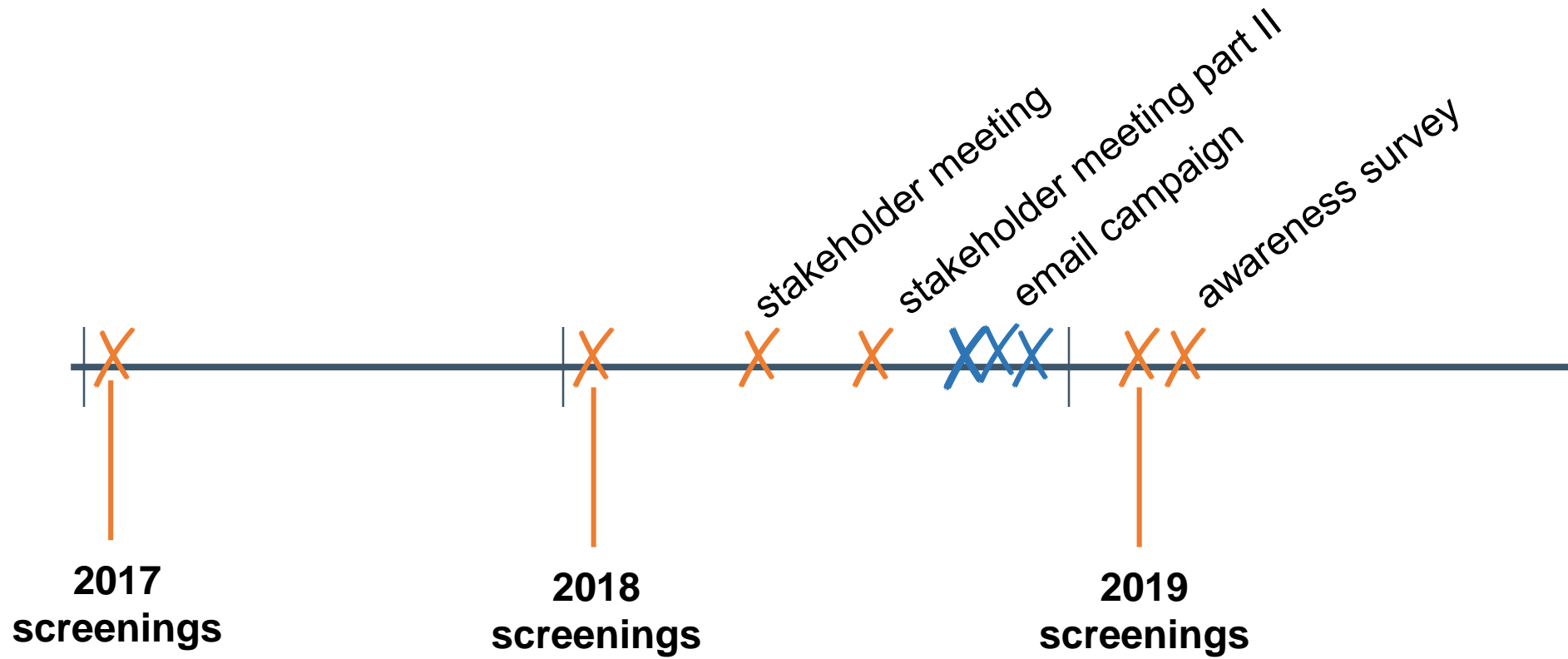


a snapshot of our

communication journey



timeline



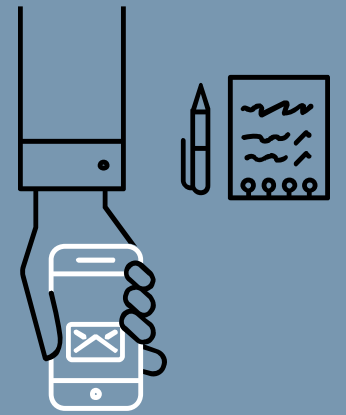
stakeholder meeting

partnered with campus stakeholders to review screening data

shared qualitative feedback

identified areas of opportunity

decided on an email communication campaign sent by the GAU



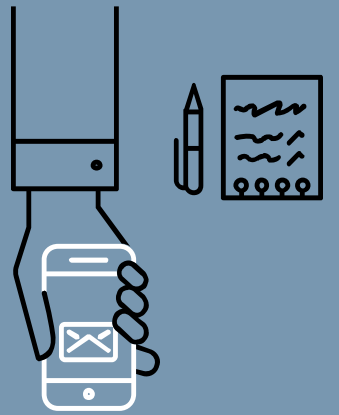
goals

one: increase awareness of campus resources

two: increase understanding of how to use their benefits

three: increase participation in screenings & PHA

not expecting much change in risk factors or health



first email

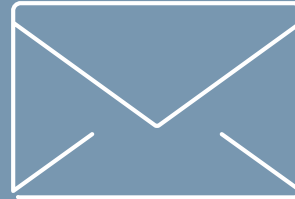
current state of things



share aggregate report
spotlight campus resources
promote flu shots

second email

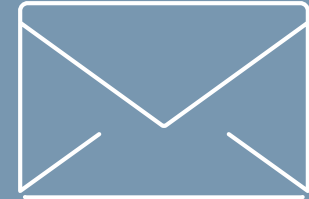
deeper dive into benefits



dental
new mental health benefit
contact for service advocate

third email

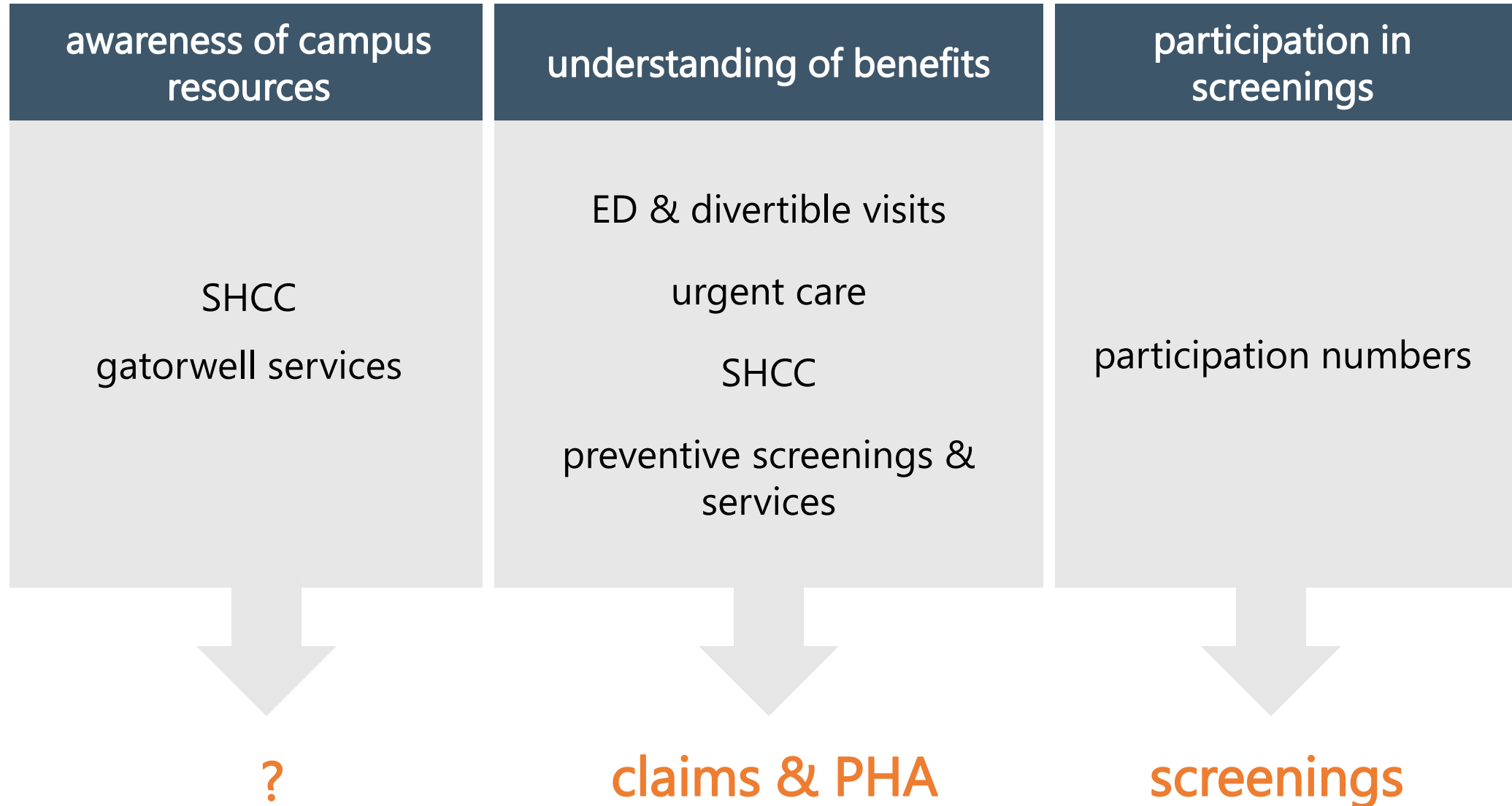
preventive care & where to go
for care



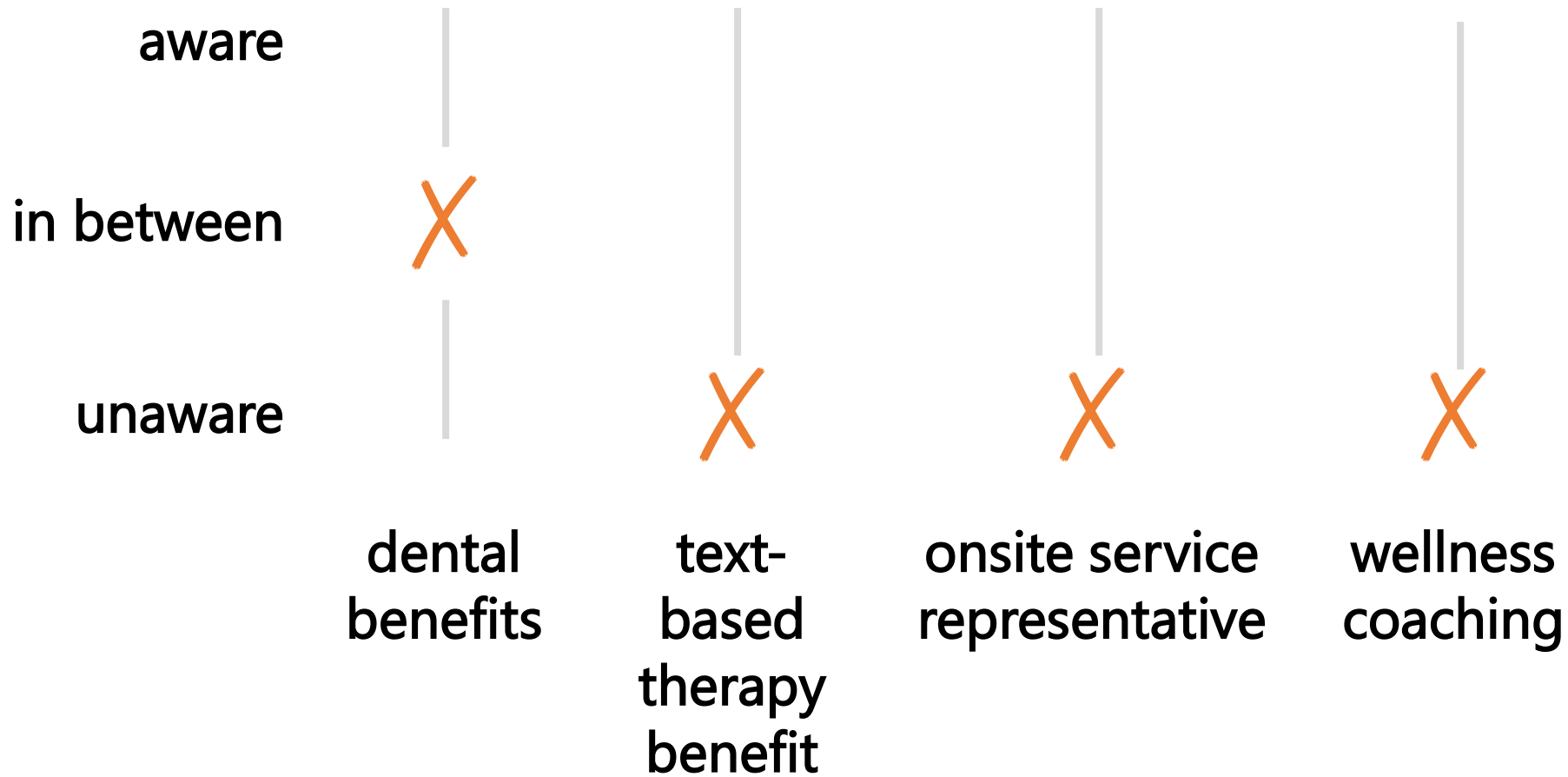
importance of pcp
where to go for care
student health care center
next year's screenings

how would we measure
whew, sign of relief...
success?

measures of success

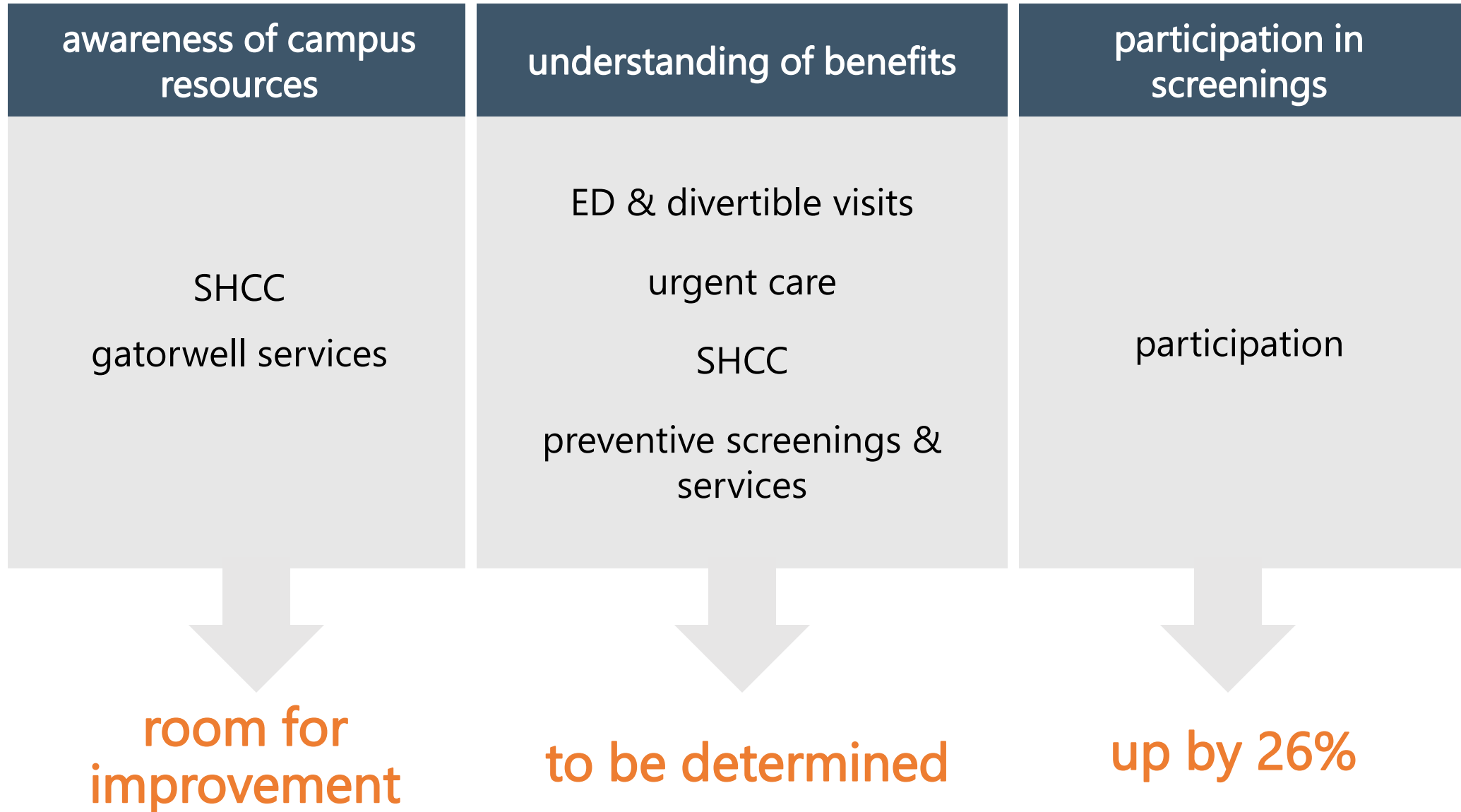


awareness survey



wah, wah, wah

measures of success so far



moving forward

future improvements

improve messages

year-round campaign (fall & spring)

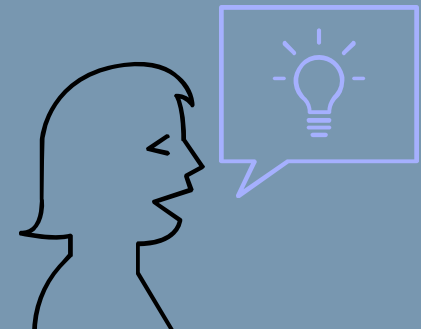
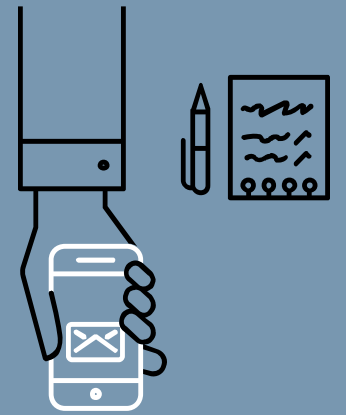
targeted messages

gamify emails

conduct readability assessments

use a mail server

send directly from gatorcare



future improvements

improve modes of communication

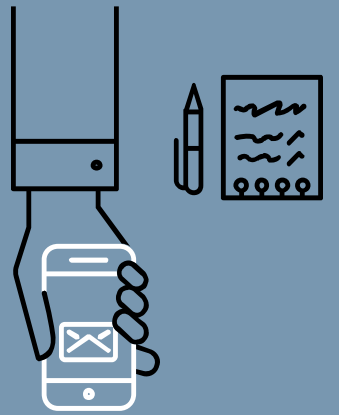
- diversify beyond just emails

- duplicate messaging with stakeholders

- involve program coordinators in communications

meet with **stakeholders** to strategize

next round of communications will start **fall 2019**



takeaways

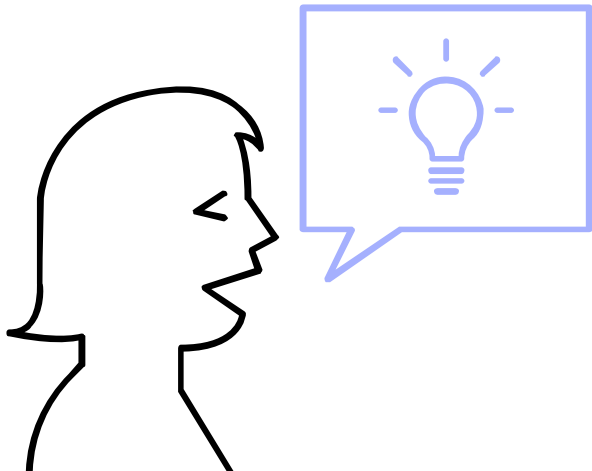
unique
population with
unique needs that
is not unique to
our university

biggest impact
comes from
educating on the
resources and
benefits available

year-round,
comprehensive
communications
from multiple
outlets

questions?

papwom@shands.ufl.edu



references

1. Soto Mas, F., Ji, M., Fuentes, B. O., & Tinajero, J. (2015). *The Health Literacy and ESL study: a community-based intervention for Spanish-speaking adults. Journal of health communication, 20* (4), 369–376. doi:10.1080/10810730.2014.965368
2. American Institutes for Research. (2014). *A Little Knowledge Is a Risky Thing: Wide Gap in What People Think*. Retrieved from [https://www.air.org/sites/default/files/Health Insurance Literacy brief_Oct 2014_amended.pdf](https://www.air.org/sites/default/files/Health%20Insurance%20Literacy%20brief_Oct%202014_amended.pdf)
3. Florida Blue. (2018). *University of Florida Graduate Assistants 2018 Employer Analytics*.
4. Florida Blue. (2018). *University of Florida Graduate Assistants 2018 Executive Summary*.
5. American College Health Association. (2018). *American College Health Association-National College Health Assessment II: Graduate and Professional Student Executive Summary Fall 2018*. Silver Spring, MD: American College Health Association.

